

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible][illegible]

Street or P.O. Box

[illegible]

City or Town

State

ZIP Code

[illegible]

Street or Route Number

[illegible]

City or Town

State

ZIP Code _____

[illegible]

Name and Title (last, first, and job title)

Phone Number (area code and number)

C	I	V	A	N	J	A	N	O	V	S	K	Y	2	0	1	3	4	4	7	8	6	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C	P	E	T	R	O	P	T	G	E	T	T	Y	T	E	R	M			P
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A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

☐ A Utility Boiler

☐ B. Industrial Boiler☐ C. Industrial Furnace☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

Air

☐ B Bail☐ C. Highway☐ D. Water☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

C. Installation's EPA ID Number

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C																		T/A	C
W																			1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D001	2 F002	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

IVAN JANOVSKY

Date Signed

6 Nov 86

Form Approved. OMB No. 2050-0028. Expires 10-30-91
GSA No. 0246-EPA-OT



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

Installation's EPA ID Number

Approved

Date Received _____

(yr. mo. day)

I. Name of Installation

II. Installation Mailing Address

Street or P.O. Box

City or Town

State

ZIP Code

III. Location of Installation

Street or Route Number

City or Town

State

ZIP Code

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number
(area code and number)

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership
(enter code)

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

VIII. Mode of Transportation (transporters only - enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

[illegible]

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

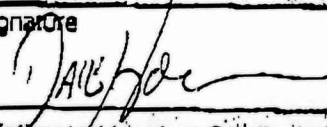
[illegible]

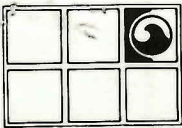
☒ 1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☒ 4. Toxic (D004) (D018)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date Signed _____

EPA Form 8700-12 (Rev. 10-88) Previous edition is obsolete.

DO NOT WRITE IN THESE SPACES											
Section II - For Official Use Only											
C. Description of Hazardous Wastes Contained in or from (A)											
A. Hazardous Wastes from Non-Listed Sources (See 40 CFR Part 261.21 for each listed hazardous waste)											
1			2			3			4		
5			6			7			8		
9			10			11			12		
13			14			15			16		
17			18			19			20		
21			22			23			24		
25			26			27			28		
29			30			31			32		
B. Hazardous Wastes from Specific Sources (See 40 CFR Part 261.22 for each listed hazardous waste)											
33			34			35			36		
37			38			39			40		
41			42			43			44		
45			46			47			48		
C. Commercial Chemical Products (Hazardous Wastes) (See 40 CFR Part 261.23 for each chemical substance)											
49			50			51			52		
53			54			55			56		
D. Listed Infectious Wastes (Enter the four-digit number 40 CFR Part 261.24 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.)											
57			58			59			60		
61			62			63			64		
E. Characteristics of Nonlisted Hazardous Wastes (Mark X in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21-261.24))											
<input checked="" type="checkbox"/> 1. Ignitable (D001) <input type="checkbox"/> 2. Corrosive (D002) <input type="checkbox"/> 3. Reactive (D003) <input checked="" type="checkbox"/> 4. Toxic (D004)											
XI. Certification											
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.											
Signature				Name and Official Title (type or print)				Date Signed			
				DALE HOLDEN REG. ENG.				4-18-94			
Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.											



GROUNDWATER TECHNOLOGY®

Groundwater Technology, Inc.
310 Horizon Center Drive, Trenton, NJ 08691 USA
(609) 587-0300 Fax (609) 587-7908

Letter of Transmittal

TO USEPA - REGION II
PERMITS ADMINISTRATION BRANCH
26 FEDERAL PLAZA, Room 505
NEW YORK, New York 10278

DATE <u>4.18.94</u>	W.O. NO.
ATTENTION	
RE: <u>GENERATOR ID #</u>	
<u>FOR THE GETTY SERVICE STATION</u>	
<u>IN ENGLEWOOD, NJ</u>	

GENTLEMEN:

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
<u>1</u>	<u>4.18.94</u>		<u>Form 8700-12</u>

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

DEAR SIR/MADAM

PLEASE ACCEPT THE ENCLOSED APPLICATION FOR A
GENERATOR ID # AT THE REFERENCED FACILITY. DUE TO A LACK
OF TIME I HAVE ENCLOSED A FAXED COPY OF THE GENERATOR'S
SIGNATURE ALONG WITH THE ORIGINAL EPA FORM. WE ARE
CURRENTLY SCHEDULED TO HAVE WASTES REMOVED FROM THIS
SITE LATER THIS WEEK AND APPRECIATE YOUR IMMEDIATE
ATTENTION TO THIS MATTER

THANK YOU

JEFF KOZIANOWSKI

COPY TO _____

SIGNED _____

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. **THE ATTACHED COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.**

Date: 5/6/94

Facility Name: Detby Inc Station 54852

YOUR NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS NOT PROCESSED DUE TO THE FOLLOWING:

- I) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
- II) ☐ Name of Installation is incomplete.
- III) ☐ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- IV) ☐ Installation Mailing Address is incomplete.
- V) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- VI) ☐ Installation Contact Address is Incomplete.
- VII) ☐ Ownership information is incomplete.
- VIII) ☐ Type of Regulated Waste Activity -- Hazardous Waste:
1. ☐ Generator status is incomplete.
2. ☐ Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
3. ☐ Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- IX) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- X) ☐ Certification is insufficient.
Please provide an original signature in the Certification section.
Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification.

(over,)

XI) _____ is the existing EPA Identification Number for your company, at the location you have specified. To update information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the changes in the **COMMENTS SECTION (Part XI) of the form, or in a separate letter.** Please re-sign the form with an original signature in the Certification area. **FAILURE TO PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN INTERESTED PARTY.**

XII) ☒ Please use the enclosed, current Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

XIII) _____ Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to _____

_____ The above named installation is in the same building/complex. Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named installation is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named installation is registered as the previous owner of the property or prior business. List the above named company's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

_____ The above named installation is the previous operator at this location.

_____ Other. Please explain. _____

